Effective October 1, 2003											90			
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALI TYPE	ENTITY	OR	OTHER THAN OR SMALL EN TITY				
	OTAL CLAIMS	·				RAT	E FEE]	RATE	FEE				
F	OŖ	NUMBER FILED		NUMBER EXTRA		BASIC	FEE 385.00	OR	BASIC FEE	7 70.00				
	OTAL CHARGE	minus 20=		•		X\$ 9	· ·	OR	XS18=					
[] -	DEPENDENT C	minus 3 =		*		X43	:	ÖR	X86=					
I _. M	ULTIPLE DEPE	NDENT CLAIM P	RESENT				+145	::	OR	+290≃				
* (* If the difference in column 1 is less than zero, enter "0" in column 2						TOTA	\l	OR	TOTAL				
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR	OTHER SMALL				
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		Haraid NUML PREVIO PAID I	BER USLY	FRESLIA CXTRA	RATE	TIONAL FEE:		RATE	ADDI T IONAL FEE			
NOW	Total	. 25	Minus	" 3	3 >		XS 9	=	OR	XS18=				
AME	Independent	*	Minus	PENDENT	ZI AIM		X43:		OR	X86=				
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_ `	OF	+290=				
	•						TOT ADDIT F		OR	TOTAL ADDIT FEE				
		(Column 1)		(Colun	າເາ 2)	(Column 3)			_					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USL:	PRESENT EXTRA	RATE	ADDI- TIONAL FEÈ		RATE	ADDI- TIONAL FEE			
	Total	*	Minus .	**			xs ş		OR	X\$18≃				
	Inaspendent	NTATION OF MU	Minus	***	CL AIM	= []	X43=		OR	X86=	·			
	rinot Friçoc	NATION OF MIC	CHIPLE DE	re.voeivi	CLAIIVI	<u>LY:</u>	. +145	-	OR.	+290=				
	·					•	TOT ADDIT F		OR	TOTAL ADDIT FEE				
		(Column 1)		(Colum		(Column 3)	_							
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY .	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	· ADDI- TIONAL FEE			
MEN	Total	*	Minus	4**		= ,	X\$ 9:		OR	. X\$18=	,			
	Independent	*	Minus	***	01.444	[= ·	X43=	:	OR	X86=				
	PIRST PRESE	NTATION OF MU	ILITE DEF	ENDENT	CLAIM		+145:		OR	+290=				
	•						* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEF							
							. <u>101</u>	AL	OR	TOTAL				
***	the "Highest Nur the "Highest Nur		id For" IN THI Id For" IN THI	S'SPACE IS	less that	n 20, enter "20. n 3, enter "3."	ADDIT. F	EE L	OR	ADDIT. FEE				

Application or Docket Number